

**TITLE: FINANCIAL ASSISTANCE POLICY**

**POLICY AND PURPOSE:**

NewYork-Presbyterian Lawrence Hospital (including its Subsidiary, Lawrence Community Health Services) is a not-for-profit healthcare facility driven by its mission to provide caring, high quality, fiscally responsible healthcare services that meet the needs and expectations of the communities we serve. We provide this care without discriminating as to race, color, religion, gender, national origin, disability or sexual orientation.

Every day, we treat patients who are indigent or lack health insurance. We are committed to serving patients with compassion whether or not they can pay for part or all of the essential care they receive. This financial assistance program is designed to provide financial assistance for patients who are unable to pay for all or a portion of the medical expenses incurred at the hospital and who meet the eligibility guidelines established in this program.

The program only applies to medically necessary services. Services such as cosmetic surgery are not covered. Urgent or emergency services should be provided irrespective of a patient's eligibility under this program. Deposits may be requested for covered elective services.

**PROCEDURE**

**1. NOTIFICATION PROCESS**

Patients should be made aware of the financial assistance program through posted notices in the Patient Registration areas, the Emergency Department, the Cashiers' office, in the patient admission booklets, through the registration process and on patient billing statements. In addition, financial counselors will inform patients in need of the availability of the financial assistance program during an inpatient stay. Notices and applications are available in English and Spanish and include a financial counselor contact name and number. In addition, interpreter services are available on an as needed basis.

**2. ELIGIBILITY**

Financial aid is intended to assist those low-income, uninsured individuals who do not otherwise have the ability to pay full charges as determined under the qualification criteria described in this program ("Eligible Persons") regardless of the patient's area of residence.

### **3. QUALIFICATIONS**

3.1 Uninsured or underinsured patients who are unable to pay for hospital services can apply for assistance through the financial assistance program.

3.2 Patients who are admitted for Inpatient services and are uninsured will be required to apply for financial assistance through Medicaid in our Financial Counseling Department. If a patient should receive a bill from NewYork-Presbyterian Lawrence or its subsidiary after filing an application for financial assistance, the bill may be disregarded until a decision regarding eligibility is reached.

3.3 Eligible Persons are individuals:

- Who do not qualify for governmental assistance programs, such as Medicaid despite reasonable efforts to obtain such assistance, or
- Whose income is less than 300% of the Federal Poverty Level ("FPL"). Exceptions may be made on an individual basis due to extraordinary circumstances. Exceptions are to be approved by the Vice President of Finance or her designee.
- In addition, low income and, in some cases, middle income, persons who are unable to meet his/her financial obligations for medically necessary services due to the extraordinary high cost of those services, inadequate insurance or other similar reason may qualify on a case-by-case basis for assistance under this program.

Patient's bankruptcy notice will be accepted as documentation of eligibility for 100% financial assistance.

### **4. SCREENING PROCESS**

4.1 If a patient's annual income is between 151% and 300% of the FPL, assets *will not* be considered.

4.2 The hospital financial counselors may evaluate a patient's eligibility under this program for each inpatient admission, and each course of outpatient services. If a change in financial circumstances is identified, the financial counselor may request the patient complete an updated financial assistance application.

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4.3 In assessing whether a patient is eligible for financial aid, documentation as to income may be reviewed. Documentation as to income includes:

- Proof of ALL income (e.g. pay stubs)
- Checking account statement
- Social Security payment
- Unemployment compensation
- Disability
- Workers' compensation
- Alimony
- Child support
- Rental income

If a patient has applied for Medicaid or other applicable governmental program and did not qualify due to income level, or Medicaid deems the patient eligible with a spend-down or surplus amount, the screening information obtained in connection with that application will be used in lieu of the above requirements. However, a signed financial assistance application will be required.

## **5 FEES**

### **5.1 *Discounts***

Hospital will limit its charges to individuals eligible for its Charity Care program to amounts generally billed (AGB) for emergency or other medically necessary care to patients. The Hospital Calculates the AGB using the prospective method and bases that rate on current New York State fee-for-service Medicaid rates, promulgated by the New York State Department of Health.

### **5.2 *Sliding Scales***

After evaluation of the financial assistance program application, and based on the patient's (or responsible person's) income level as a percentage of the FPL then in effect, the above fees may be further discounted as follows:

#### Income level

0% - 200% of the FPL  
201% - 300% of the FPL  
Over 300% of the FPL

#### Additional Discount

100% discount off the above fees  
50% discount off the above fees  
No higher than capped fee (Exceptions may be made for extraordinary circumstances)

### ***5.3 Payment Plans***

Once the amount due from the patient has been determined, if the patient is unable to make a full payment, a payment plan may be established by the financial counselor. This payment plan will be capped at 10% of patient's monthly gross income.

In addition, if a patient's income exceeds the FPL guidelines, but the patient otherwise has a financial hardship, they may also be eligible for a payment plan, considering the patient's circumstances and available resources.

To the extent that Eligible Persons are able to pay it, the program may require some financial commitment by each patient to reinforce the principle that each such patient has some degree of financial responsibility for their medical care.

## **6 APPLICATION**

A patient must complete and submit the financial assistance application within 90 days of the date of service and 20 days of the date of receipt of the application materials. A patient must submit the documents set forth in Section 4.3 above if the patient wants to be considered for the financial assistance program. If a patient is unable to produce the documents described in Section 4.3 of this policy, it is under the discretion of the Credit Manager or her designee to consider alternate assurance of income levels.

Applicants will not be required to consent to extraneous inquiries to the Internal Revenue Service ("IRS") as a condition of eligibility or required to submit copies of tax returns or other past IRS documentation. If the financial counselor has reasonable belief that an applicant, who has had inpatient services, may be eligible for Medicaid or other government sponsored health insurance coverage, they will aid the applicant with the Medicaid or other government sponsored health insurance application as well as the financial assistance application. However, applicants will not be required to be denied benefits from Medicaid or any other public insurance plan prior to accepting and processing an application for financial aid from the Hospital or its subsidiaries. After initial financial screening if the financial counselor deems appropriate for the patient to apply for Medicaid for an inpatient stay the patient/guardian, if a minor, will be required to do so, and to cooperate fully with the Medicaid application process.

Patients will be notified that once they submit a completed application and documentation, they may disregard any bills until the written decision on the financial assistance application is rendered.

## **7 DECISION**

7.1 For scheduled services for which an application under this program has been submitted prior to the provision of such services, hospital financial counselor should use reasonable efforts to make a determination within three business days. Patients will be notified of the determination by telephone and in addition, will receive a written approval for their records. All determinations for services previously provided should be made within 30 days of receipt of all requested documents. The patient will receive written notification approving or denying the application. Insured patients, who are expected to have a partial responsibility, and submit a complete application accompanied by all necessary documents, will be notified within 30 days that their application is on file pending processing by their insurance. The patient will receive written notification approving or denying the application within 30 days of insurance processing.

7.2 The hospital and its subsidiary reserves the right to deny the application for financial assistance if required information is not supplied in a reasonable time period or the patient otherwise fails to cooperate in connection with their application to the program.

## **8 APPEALS**

8.1 The patient will receive written notification of the decision regarding their financial assistance application. If the application is denied, the letter will include instructions regarding the appeals process. Within 15 days of receipt of the decision letter, a patient may request an appeal. We request that they indicate the reason for the appeal along with any documentation or information to support their request. If additional information is received the case will be re-evaluated using the established review process. The patient will be notified if the supporting documentation warrants an approval. If an approval status is not reached after a subsequent review than the case will be referred to the Vice President of Finance who will make the final determination.

## **9 ACCOUNTABILITY**

An evaluation form will be submitted with each request and will be approved by the Credit Manager or Director of Patient Accounts for amounts up to \$10,000. Amounts greater than \$10,000 will require final approval by the Vice President of Finance or her designee. On an annual basis the Finance Committee of the Board of Directors will be advised of the provision of services under this program.

Annually the Compliance Officer will attest to compliance under the Financial Aid Law.

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This program is subject to the availability of designated funding from (a) funds available from the Katherine Norton Fund and (b) allocations in the Hospital's operating budget.

## **10 COLLECTION PRACTICES**

10.1 If the patient inquires about available financial assistance after receiving a bill from the hospital or its subsidiary, he/she should also be notified at that time of our program and the payment options available. However, this program may not cover any services provided more than 120 days before the date of the application, unless the Hospital or its subsidiaries, in its discretion, decides otherwise. An account will not be eligible for collection if the patient's application has been received and is waiting for determination.

10.2 In a situation of high cost care, the account will be reviewed to determine if reasonable efforts were undertaken to ensure that financial assistance was offered or appropriate before referral to a collection agency. In addition, for Eligible Persons, neither the Hospital or its subsidiary will force the sale or foreclosure of a patient's primary residence to pay an outstanding medical bill, nor use any type of body attachment to require the patient or responsible party to appear in court. A collection agency must receive written consent from a Finance Department Director before it can begin legal action.

10.3 Any collection agency representing the hospital or its subsidiaries must follow the financial aid policies and procedures, including the application procedure.

10.4 Collections are prohibited against any patient who was eligible for Medicaid at the time services were rendered with the exception of co-pay, surplus or spend down amounts.

## **11 TRAINING**

All employees should receive information regarding the financial assistance program during the orientation process. As of the date hereof, training programs are in place for key departments, (i.e., those directly involved in the implementation of this program.)

### **POLICY DATES**

**Supersedes:** December 1998, January 2000, January 2004, September 2006, February 2007, September 2008, January 2009, April 2010,

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September 2010, March 2011, February 20, 2012, February 15, 2013, April 10, 2014, August 1, 2014, February 2015, January 2016, February 2017, February 2018

*Formerly the Charity Care Program*

Approvals: Board of Trustees

**NewYork-Presbyterian/Lawrence Hospital  
NewYork-Presbyterian Medical Group Westchester  
Lawrence Community Health Services  
Financial Assistance Program Income Levels**  
**SOURCE:** *Federal Register, Vol. 83, No. 12, January 18, 2018*

*As part of its commitment to serving the community, NewYork-Presbyterian/Lawrence Hospital and its subsidiaries provide a reasonable amount of its services without charge to eligible persons unable to pay who request those services. All services will be available as uncompensated services to persons whose family income falls within the criteria regarding the Poverty Income Guidelines listed below, as the Guidelines are updated annually.*

2018 HHS Poverty Guidelines

		<b>A</b>	<b>B</b>
	<b>FEDERAL POVERTY GUIDELINES</b>	<b>200% FEDERAL POVERTY GUIDELINES</b>	<b>300% FEDERAL POVERTY GUIDELINES</b>
<b>Size of Family Unit</b>	<b>DISCOUNT 100%</b>	<b>DISCOUNT 100%</b>	<b>DISCOUNT 50%</b>
1	\$12,140	\$24,280	\$36,420
2	\$16,460	\$32,920	\$49,380
3	\$20,780	\$41,560	\$62,340
4	\$25,100	\$50,200	\$75,300
5	\$29,420	\$58,840	\$88,260
6	\$33,740	\$67,480	\$101,220
7	\$38,060	\$76,120	\$114,180
8	\$42,380	\$84,760	\$127,140

For families with more than 8 persons, add \$4,320 for each additional person.

**IF YOU THINK THAT YOU MAY BE ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PROGRAM, YOU MAY REQUEST AN APPLICATION IN ANY REGISTRATION AREA OR AT THE PATIENT ACCOUNTING DEPARTMENT.**

**ALL PATIENTS APPLYING FOR FINANCIAL ASSISTANCE MUST PROVIDE PROOF OF INCOME, AND ANY OTHER SUPPORTING DOCUMENTATION REQUESTED BY THE FINANCIAL COUNSELOR.**